



# ASSLA LEAVE REQUEST FORM

## EMPLOYEE INFORMATION

Employee Name _____		Employee ID # _____	Status: [ ] DCNA [ ] Non-Union [ ] SEIU [ ] CSS
Position _____		Office Phone _____	
Department _____		Home Phone _____	
Supervisor's Name _____		Work Location <b>(only for employees working in DC)</b>	
If there is no ASSLA available, please select one to process your leave request		[ ] Sick	
If the option is not checked, your leave request will be unpaid		[ ] Vacation	
		[ ] Unpaid	

## REASON FOR LEAVE (CHECK ALL THAT APPLY)

<input type="checkbox"/> Self	I am or a family member is a victim of stalking, domestic violence or sexual abuse and, as a result, I or a family member needs:
<input type="checkbox"/> Family Member*	
<b>My absence is because:</b>	
<input type="checkbox"/> I am obtaining professional medical diagnosis or care or preventive medical care	<input type="checkbox"/> to seek medical attention to treat or recover from physical or psychological injury or disability caused by violence
<input type="checkbox"/> I have a physical or mental illness, injury or medical condition	<input type="checkbox"/> to obtain services from a victim services organization
<input type="checkbox"/> I will be caring for a family member for a covered reason	<input type="checkbox"/> to obtain psychological or other counseling services
	<input type="checkbox"/> temporary or permanent relocation
	<input type="checkbox"/> to take legal action, such as preparing for civil proceeding
	<input type="checkbox"/> other actions to enhance physical, psychological or economic health or safety

## LEAVE INFORMATION

Start Date of Leave _____	End Date of Leave _____	Total Hours of Leave used _____
Are you scheduled to work on the days listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		ASSLA Leave is paid based on your current schedule.
List dates and times scheduled to work: _____		
Family Member's Name _____	Family Member's Relationship* _____	Date Request Submitted _____

## EMPLOYEE CERTIFICATION

- I understand
- I must complete all parts of this form and submit the form to the Leave Coordinator in Human Resources.
  - Except in the case of emergency, as set forth below, I must call my manager, prior to my work shift, if my need for ASSLA leave is unforeseeable.
  - If an emergency prevents me from notifying my manager of the need to use ASSLA leave before the start of my work shift, I must notify my manager before my next shift or within twenty-four (24) hours after the onset of the emergency.
  - I must make a reasonable effort to schedule foreseeable ASSLA leave in a way that does not disrupt operations.
  - I must provide at least ten (10) days prior written notice to my manager and submit this ASSLA Leave Request Form to HR if I know I need to use ASSLA leave at least ten (10) days before the date leave is needed.
  - I must provide certification of my absence to the Leave Coordinator in Human Resources when I return to work after taking three (3) or more consecutive days of ASSLA leave. Certification includes a signed document by a health care provider confirming my or my family member's illness, a police report or a court order indicating that I am or a family member is a victim of stalking, domestic violence or sexual abuse, a signed statement from a victim and witness advocate or a domestic violence counselor stating that I or a family member who is a victim is involved in legal action related to stalking, domestic violence or sexual abuse or sought services to enhance the physical, psychological, economic health or safety of myself or my family member.
  - I may only take as much ASSLA leave as I have accrued. CNMC does not advance ASSLA leave.
  - Corrective action may be taken if a pattern of excessive tardiness or absence occurs consistent with CNMC policy.

Employee Signature _____	Date _____
--------------------------	------------